KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-73-UF	Version Type:	ORIGINAL VERSION
Report Date:	2/13/2018 5:24 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Conroe Police Dept.	Agency Address:	PO BOX 3066
Agency City:	Conroe	Agency State:	TX
Agency Zip:	77305		

Director Information

Director Salutation:	Chief	Director First Name:	Jeff
Director Middle Name:			
Director Last Name:	Christy		
Reporter Name:	Jeff Christy	Reporter Email:	jchristy@cityofconroe.org

Decedent Information

Identity of Deceased

First Name:	Gregory
Middle Name:	Michael
Last Name:	Kocian
Suffix:	
Date of Birth:	12/13/1984
Sex:	Male
Race:	Anglo or White
Age At Time Of Death:	33

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

Date/Time of Custody or Incident:	1/28/2018 9:35 AM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

Death Date and Time:	1/28/2018 9:45 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?:	Yes, results pending

What was the manner of death? (select only one)

Manner of Death:	Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

gunshot wound

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:	Not Applicable

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:	Law enforcement/correctional personnel

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

Type of weapon that caused death?:	Handgun

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

Pre existing medical condition?:	Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:	Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address:	300 Sgt. Ed Holcomb Blvd.	City:	Conroe
County:	Montgomery	Zip:	77304

What location category best describes where the event causing the death occurred?

Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel during/fleeing arrest

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time:

Entry Date Time N/A: ✓

Where did the death occur?

Death Location: Medical facility

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: No

What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death?

Offense 1:

Attempted Capital Murder

Offense 2:

Evading in Motor Vehicle

Offense 3:

Possession of Firearm by Felon

Were the Charges:: Not filed at time of death

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Other, specify

Type of Offense, Other:

Suspicious person approaching patrons of park

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

Decedent display/use of weapons: Yes, mark all that apply

Decedent Display or Use Weapon Details: Discharged firearm

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others:	Attempted to injure law enforcement personnel

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	Unknown	Exhibit any medical problems?:	Unknown

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	No	Resist being handcuffed or arrested?:	No
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	Yes
Attempt gain possession officer's weapon:	No		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:	No

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Officers dispatched to suspicious person approaching patrons of park. Officer observed the described suspicious person driving away from park in vehicle and made vehicle stop. Driver fled from officer attempting to evade in motor vehicle. During vehicle pursuit, driver discharged handgun at pursuing officer. Assisting officer, in protection of himself and other officers, returned lethal firearm fire at driver suspect striking him and ultimately causing his death.